



Social Thinking© Intake Form Under 18 years of Age

Date that this form is being completed: _____

Date received (office use only): _____

Person/District/Agency Making the Referral (if applicable):

Individual's Name:	Age :	D.O.B.
Individual's Email:		
Sex: Male _____ Female _____ Prefer not to respond _____	Grade:	
Parent/Guardian Name(s). Please Print.		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		

DISTRICT or OTHER AGENCY INFORMATION - if applicable

District or Agency Name:	Address:
Primary Contact Person:	Position/Title of Primary Contact Person:
Email:	Phone:

DIAGNOSIS INFORMATION

Does the individual have a diagnosis(es) and if so what? (**please provide a copy of the most recent educational or vocational plan and the most recent evaluation**) When were the diagnos(es) made and by whom?

What medications do you take, what are they and what is the reason for taking the medication(s).

Examples: Vitamin C because I get frequent colds. Fluoxetine because I have depression.

Release of Information

Name: _____

Date of Birth: _____

I give permission for information to be exchanged regarding my child:
_____, (Child's Name)
and the following location (please provide the address and phone number for the district, agency or medical facility).

PLEASE COMPLETE ONE FORM PER LOCATION

NAME/AGENCY

ADDRESS

PHONE AND FAX NUMBERS

and Autism Behavioral Consulting.

This information may include verbal exchange of information and written reports or information to and from Autism Behavioral Consulting and to and from the person/agency listed above.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Social Thinking© Skills of Concern

(Check all that apply and rate the severity using the scale provided)

1	2	3	4
Normal/ Not at All	Mild Problem	Moderate Problem	Severe Problem
Put a rating number in this box	Social Skill of Concern		Put a rating number in this box
	Listening during a conversation		Maintaining eye contact
	Initiating with others		Solving problems and negotiating
	Following instructions or rules		Giving or receiving help
	Responding to teasing		Rigid thoughts or behaviors
	Participating in a group		Difficulty understanding the opinions or experiences of others
	Asking Questions		Asking for help
	Answering Questions		Language is often "self focused"
	Reading Comprehension is best at the factual level versus understanding the main idea or inferential skills		Communication is tangential (communication shifts topics frequently and egocentrically)
	Has difficulty with written expression		Penmanship or written expression are difficult (specify)
	Friendships are superficial or the individual has very few friends		Organizational tasks are significantly impacted. Time Management and long-term planning are a concern.
	Teasing/taunting by peers is a concern		Tends to perseverate on specific themes or topics both in their spoken and written language
	Does not understand the "hidden" social rules		Difficulty understanding the emotions surrounding dating or interactions with a significant other

Behaviors

Please check all behaviors that describe your child.

- Motivated
- Anxious
- Externally Distracted
- Impulsive
- Aloof/internally distracted
- Rigid (my way or the highway)
- Oppositional
- Verbally aggressive to peers or adults (describe)
- Withdrawn
- Physically aggressive
- May run and hide or leave the area, if upset

Additional information about the behaviors indicated above.

What are your current concerns about your child's performance at school?

What are your current concerns about your child's performance at home?

If I were to observe your child at school during lunch or recess what would I observe?

If I were to ask a classmate to describe your child what would they say?

Describe your child's strengths:

Additional Information you would like us to know: